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Substitute for form 1449/PTO		Complete if Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>		Application Number	10/627,098
(Use as many sheets as necessary)		Filing Date	7/25/2003
		First Named Inventor	Kaneda et al.
		Art Unit	2613
		Examiner Name	Shi K. Li
Sheet	1	of	1
		Attorney Docket Number	Kaneda 1-2-2

## NON PATENT LITERATURE DOCUMENTS

Examiner Signature	/Shi K. Li/	Date Considered	01/03/2008
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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